

<https://helda.helsinki.fi>

Healthcare Chaplaincy in Finland

Saarelainen, Suvi-Maria

2019-12-09

Saarelainen , S-M , Peltomäki , I & Vähäkangas , A 2019 , ' Healthcare Chaplaincy in Finland ' , Tidsskrift for Praktisk Teologi , no. 2/2019 , pp. 22-31 .

<http://hdl.handle.net/10138/308118>

unspecified

acceptedVersion

Downloaded from Helda, University of Helsinki institutional repository.

This is an electronic reprint of the original article.

This reprint may differ from the original in pagination and typographic detail.

Please cite the original version.

Healthcare Chaplaincy in Finland

Suvi-Maria Saarelainen, Isto Peltomäki & Auli Vähäkangas

Abstract

The aim of this article is to provide an image of the beginning, growth, and current situation of healthcare chaplaincy in Finland. The history of the chaplaincy takes us back decades, yet the healthcare chaplaincy as we know it today was formed in the 1960s. The Evangelical-Lutheran Church of Finland has played a significant role in the development of the chaplaincy. Two contexts exist as chaplaincy locales: healthcare and the Evangelical-Lutheran Church of Finland. It took decades for healthcare chaplaincy to find its place within and between these two contexts, yet the recent cutbacks in personnel do not promise easy years for the future. Research within this manifold subject is diverse, but new studies are still needed to tackle the challenges of the changing context, work climate, and divergent needs of the patients.

Keywords: Healthcare chaplaincy, Development of chaplaincy, Finland

Introduction

This chapter focuses on Finnish healthcare chaplaincy – its formation, history, and current situation. The article is based on the existing literature; in addition, to have a full picture of past events and to be able to grasp the current situation of healthcare chaplaincy, the first author conducted three specialist interviews. Of the interviewees, Kirsti Aalto (former Direction of Healthcare Chaplaincy, National Church Council) shared her knowledge on the historical events; Matti-Pekka Virtaniemi (former Educator from the Church Educating Centre) focused on the impact of clinical pastoral education (CPE) and on work-based counseling; and Virpi Sipola, the current leading advisor of pastoral counseling at the National Church Council, provided information on the present situation and on the future of hospital chaplaincy.

We will begin with the history and theological roots of healthcare chaplaincy in Finland. Then we will introduce the two contexts of the chaplaincy: the Finnish religious climate and the healthcare environment. Analyses on chaplaincy training and recent research on the topic follow. At the end of the paper, we will map the current situation and identify some future challenges.

History of Healthcare Chaplaincy and Theological Formation

The strong impact of the Evangelical-Lutheran Folk Church

The origins of healthcare chaplaincy in Finland can be seen as early as the 1600s (Sippo, 2004: 1–16.) Pastoral care was understood to be a task that is carried out in general pastoral activity, which did not follow Martin Luther's tendency to personal comfort (Lempiäinen, 1963: 207–221; Ebeling, 1997: 449–471). This liturgy-oriented old-Lutheran pastoral tradition formed the mainline scheme of pastoral care in Finland (Saarinen, 2003: 413).

In the late 18th century, pietistic pastoral care was constructed on the idea of spiritual re-birth: the aim of all pastoral action was to guide personal experience of faith (Saarinen, 2003: 412–413; Peltomäki, 2019: 24). In the first half of the 20th century, the task of pastoral care was carried out through moral upbringing, proclamation, and guidance to a closer parish connection (Kilpeläinen, 1966: 17–19), and thus the introduction of modern psychology did not have much influence on the pastoral care approach before the 1950s.

After the wars in Finland, the military pastors experienced that preaching was not adequate to counter suffering and as a result the church began new forms of work such as family counseling and healthcare chaplaincy (Ylikarjula, 2005: 11–12, 14; Sippo, 2004: 66–67). These changes raised a need for therapeutic approaches to pastoral care. Yet these new forms of church work provoked suspicious discussions, as at the same time pietism was losing its grip while folk church ideology was being empowered. (Ylikarjula, 2005: 13–14).

The therapeutic turn grows from and within the changes in the field

Healthcare chaplaincy was established during the 1960s and became recognized by the bishops' conference (Ylikarjula, 2005: 19, 33). *The therapeutic turn* was explicated by the female healthcare chaplain Irja Kilpeläinen (Kilpeläinen, 1969) at the time when the role of church discipline began to loosen (Peltomäki, 2019: 20–22, 24–25). The educational model and the pastoral care movements in the UK and the United States provided inspiration for the education of the Finnish chaplains (Sippo, 2004: 66–67). Kilpeläinen's client-centered method emphasizes the idea that the confidant finds a possible way forward him- or herself with the support and guidance of the chaplain (Peltomäki, 2019: 20–22).

The Christian three-fold perception of mankind – created, fallen and redeemed – can be seen as the basis of Finnish hospital chaplaincy (Kettunen, 2013: 55–58; Kettunen, 1990: 60–64). Nowadays, the idea of the God who suffers with the suffering is seen as crucial (Sipola, 2019). Ultimately, the

therapeutic approach began to shape the actions and theology of healthcare chaplaincy; theology became distinctively contextual as it developed and continues to develop strongly in the context of taking care of the ill in Finnish society.

From decades of debates to stability

The 1970s was a mixed bag for healthcare chaplaincy. Chaplains were criticized for a “psychiatric attitude” as modern psychology was exploited in chaplaincy. Chaplains were also accused of “hospital terror” when organizing devotions and discussing death with the patient. Others considered that chaplains had drifted too far from the church. (Ylikarjula, 2005: 41–43; Kettunen, 1990: 64). Nevertheless, appreciation of the chaplains among the doctors and laymen was strengthened (Ylikarjula, 2005: 50).

From the perspective of resources, the 1980s were fruitful. Healthcare chaplains were strongly involved in societal discussions and work related to AIDS and abortion. In addition, the hospice movement was introduced, and it became understood that family members are involved in the dying process. (Ylikarjula, 2005: 53–56). Another significant change occurred when nearly half of the female chaplains were ordained after the decision of the ELCF to ordain women in 1988. (Ylikarjula, 2005: 69; Sippo, 2004: 57). Yet some jarring notes were heard, and it was even proposed that the vacancies of chaplains should to be based on local congregations instead of hospitals. (Ylikarjula, 2005: 62–66.)

Conflicts and lack of congregational cooperation finally seemed to ease up in the 1990s; still, the economic recession hit hard and more than 10% of the chaplains were fired. To secure the pastoral care of the ill, the collaboration between chaplaincy and local congregations was found to be crucial. (Ylikarjula, 2005: 79–80, 87). Furthermore, congregational clergy became more and more interested in the education of the healthcare chaplains as local congregations found that people’s need for pastoral care and counseling was increasing (Ylikarjula, 2005: 75–76.) Nevertheless, the rise of pastoral psychology once again evoked some discussions on the relationship between church and psychology (Ylikarjula, 2005: 91–92). The appreciation of chaplaincy became evident in the 90s. Among laymen, 84% of Finns found the work of healthcare chaplains important or extremely important in 1999 (Ylikarjula, 2005: 87, 92).

Currently, chaplaincy has established its significance in hospitals (Avohoito, 2019), and after the millennium most of the congregational personnel found healthcare chaplaincy to be important or

extremely important (Ylikarjula, 2005: 109–110). Still, it seems that the future holds insecurity and the threat of cutbacks when the finances of congregations are declining; filling the posts of hospital chaplains needs to be negotiated continuously (Sipola, 2019).

ELCF and Healthcare Environment Provide Context and Organization

We have shown how context and history have impacted the formation and work of chaplaincy. In this section, we present the current context and organization of healthcare chaplaincy in Finland. The section describes how the context of healthcare chaplaincy is constructed on religious and spiritual grounds as well as on the status of Finnish healthcare.

Finnish constitutional law declares that each individual has freedom of religion and freedom of conscience. Furthermore, the legislation regulates church law and church order of the Evangelical-Lutheran Church (ELCF) and the Orthodox Church. (Constitutional Law, Chapter 6 §76–77; Church Law, Chapter 2 §2; Law on the Orthodox Church.) Both churches are entitled to collect taxes from their members. Other registered religious communities are financially supported by the government. The Finnish religious constituency has been highly homogeneous throughout the years. Today, the reduced percentage of members is 69.7% in the ELCF. For the Orthodox Church, the membership had decreased to 59,560 (Finnish population is 5.5 million) by the end of 2017 (Seppälä, 2019). Around 1.6% of the population are members of other registered communities. Jehovah's Witnesses, the Evangelical Free Church of Finland and the Catholic Church in Finland form the largest body of registered communities. Furthermore, there are tens of thousands of Muslims living in Finland, but only a minority of them are registered members of any Finnish religious community (Ministry of Education and Culture, 2019; Info Finland, 2019).

Even today, Lutheran impact can be seen in Finnish values. For Finns, values such as aspiration to the common good, responsibility to one another, understanding work as a calling and service to others as well as bringing up children with strong values carry high cultural importance (Ketola, 2016: 85–87). Even though the number of Lutheran rites has decreased, the number of Lutheran burial rituals has remained relatively stable and nearly 90% of the people are still buried with a Lutheran service (Sohlberg & Ketola, 2016; Toimintatilastot, 2019). In addition, a strong foothold of congregational youth work exists, as most 15-year-olds attend confirmation rites (e.g., in 2016, the number of confirmants was 85.5% of the age group; Rippikoulu ja Rippikoulun käyneet, 2018). It can be concluded that the use of traditional Christian rituals has decreased in Finland, while the use of religious practices has diversified (Palmu et al., 2012: 37–39).

The Finnish healthcare system is very much based on public healthcare that provides low-cost care for clients. Care for children and minors is free of cost. For adults, the maximum fee for the calendar year is set at 603 euros; when an individual reaches this limit, all subsequent care and medication is free of charge. (STM, 2019.) Healthcare is carefully regulated with legislation (Terveydenhuoltolaki, 2010/2016) and generally the Finnish healthcare system is considered one of the leaders in international comparison (Quality of care, 2015; Yle, 2018). Nonetheless, in a study that compared the quality of death by ranking palliative care across the world, Finland was placed at 20th based on the regional differences, low number of volunteers, and lack of community (Economist, 2015). The political will related to such care shows a strong urge to shift the care of the elderly and dying back to individual homes. In 2015 legislative changes were made to affirm home-based elderly care (Act on Social and Health Care Services for Older Persons 980/2012). In Spring 2019, the parliament resigned after not being able to find consensus for a new model for healthcare that had been in preparation for years (e.g., Yle, 2019). In sum, the context of healthcare is going through a period of transformation, and as of now no clear directions or indications about healthcare reform can be made.

Healthcare chaplaincy is fully based on the personnel of the Lutheran Church of Finland. Chaplains work within these two constantly shifting contexts: the changing spiritual climate and healthcare reform. The current organization of the chaplaincy is based on a tripartite agreement made in 1965. It was agreed between the government of the church, the government of medication and the association of hospitals that healthcare chaplaincy was recommended as part of the work in hospitals. (Ylikarjula, 2005: 21–22; Sippo, 2004: 70–72).

The two bases of the hospital chaplaincy are also made vivid in the document “The principals of hospital chaplaincy 2011,” which defines the goals of the chaplaincy as follows:

The aim of health care is in the promotion of health, prevention and treatment of disease and alleviation of suffering. The objective of pastoral care is to address the religious, spiritual and life-view questions of the sick and suffering. A pastoral caregiver respects the human dignity, beliefs and the integrity of the patient regardless of his/her background or view of life. Self-determination is clearly stated in the Constitution of Finland and in the Act on the Status and Rights of Patients. In helping the sick and suffering, the values of health care and pastoral care meet; both health

care and pastoral care view people holistically, taking into account their physical, mental, social and spiritual needs. (Principles for Hospital Chaplaincy, 2011).

The quotation highlights that two bases of healthcare chaplaincy – healthcare and pastoral care – are merged as one. Human dignity grows from respect for an individual; the legislation provides a starting point for holistic encounters. From the point of view of the legislation, the role of healthcare chaplains began to change in 1993. In the 1990s patient law was interpreted so that chaplains were not seen as integrated staff members (Ylikarjula, 2005: 85–86). Similar discussions appeared in 2011 when the Act on the Status and Rights of Patients was updated. Nowadays chaplains are authorized to see the medical record of the patient only with the permission of the patient. (Principles for Hospital Chaplaincy, 2011.)

In this section we have discussed how strong the Lutheran impact on hospital chaplaincy in Finland is even though it is obvious that religious freedom and various religious denominations exist in Finland. Next, we will explain how religious diversity is dealt with in the training and daily practices of the chaplains.

CPE-based Training as Grounds for Respectful Practices

The education of healthcare chaplains established in the 1960s greatly improved the psychological understanding of the chaplains in Finland. Psychodynamic studies have since been integrated into the healthcare chaplain training, and chaplains are guided to get a full psychotherapeutic education (Aalto, 2019; Ylikarjula, 2005: 75). The training of hospital chaplains was based on ideas of clinical pastoral education (CPE) although this has not been explicated in written sources. Still, in the early years of such education, several practitioners got their training at CPE centers in the US. (Virtaniemi, 2019; Sipola, 2019).

The original CPE education highlighted the importance of understanding people from different religious backgrounds. The idea of accepting and cherishing religious diversity was fostered among the chaplains in the late 1960s: it became crucial to understand the emotions behind the words of the client. The introduction of CPE also affected the formation of work-based counseling in Finland, as there had been two competing traditions. One tradition highlighted the importance of dealing with the client's situation in counseling; the other focused on the experience of the counsellor him- or herself. The contribution of CPE made it clear that work-related counseling had to include both aspects to meet the needs of chaplains (Virtaniemi, 2019).

Today the training of hospital chaplains is based on CPE ideas, although some modifications are made, and the training is provided only by the ELCF. The three-year training consists of 60 cr and includes five thematic modules (Orientating module 5 cr; Progression as healthcare chaplain 10 cr; Pastoral care and counseling 20 cr; Specific questions of healthcare chaplaincy such as pastoral care, psychology of health and mental health, couple and family relationships, developmental psychology, crises and traumas, therapeutic methods 20 cr; and the final project 5 cr) (Training, 2019). Those ordained ministers, lectors, and diaconal workers who have a permanent post or long-term contract as a healthcare chaplain are obligated to take the training. Still, candidates must fill out a motivational application and pass psychological tests before the training begins. (Sipola, 2019).

For healthcare chaplains, a new training group begins approximately once every three years. Therefore, the training model of each group can be slightly modified depending on the needs of the group and the societal situation. Furthermore, education is constantly provided on topical issues: for instance, the questions of how to meet the pastoral needs of transgender individuals were recently discussed in the educational course. Therefore, ministers and deacons who come to work as chaplains know how to discuss and deal with a variety of minority groups. It is also a task of the hospital chaplains to form networks with other religious groups in the area so they can be contacted if there is a patient in need of chaplaincy from some particular individual religious group. Within hospital chaplaincy, it is taken for granted that trust, respect, and equality are the pillars of the chaplaincy. (Sipola, 2019).

The current number of healthcare chaplains is 132 (in March 2019, Henkilöstötilasto, 2019). During the previous decade, the number had decreased around 9%. The main work is based on individual discussions with the patients (more than 33,794 discussion per year); in addition, discussions were held with family members (11,808 discussions) and the hospital staff (9423 discussions). In 2018, worship services and Lutheran rites were held 2933 times in the hospitals; these services reached more than 39,000 individuals. In addition, chaplains organized 3708 devotions and other events during 2018. (Statistics, 2018).

Research on Hospital Chaplaincy

In this part of the article we introduce that practice-oriented literature and PhD-level research which has analyzed chaplaincy or more widely the practice of pastoral care in Finland during the past thirty years.

As previously explained in this article, Irja Kilpeläinen was very influential in developing hospital chaplaincy in Finland. Her books on a client-centered counseling model (Kilpeläinen, 1969) and on death and dying (Kilpeläinen, 1978) are widely read classics even though they are based only on practical experience and not on empirical research. *The Finnish Journal of Pastoral Care* (*Sielunhoidon Aikakauskirja*), launched in 1988(–2009) and edited by Kirsti Aalto, was a central vehicle for discussing topical issues. The journal demonstrates that topical questions primarily concentrated on practical work and pastoral psychology as the key theoretical framework (see Ylikarjula, 2005: 71). Chaplaincy was discussed in various issues, for example, from the point of view of the theology of care (Erikson, 1992) and the nature and goals of pastoral practice in hospitals (Sainio, 1993). This journal was widely read among chaplains and other Lutheran pastors and thus influenced the discussion on chaplaincy. The journal was recently re-launched as an internet-based journal that seems to be practice oriented in the sense that chaplains are writing their experiences and ideas based on their work (*Sielunhoidon Aikakauskirja*, 2018).

Among the first ThDs was a quantitative study on pastoral counseling in Finnish hospitals, the results of which revealed that patients experience a chaplain simultaneously as a preacher, a servant, and a participant (Kruus, 1983). These results indicate that even though a client-centered model was actively followed, patients in the 1980s still saw that preaching of the gospel was an important role of a hospital chaplain. Other studies in the 1980s and 1990s dealt with religiosity of the patients and patients' understanding of dying. A study on the worldview and religiosity of elderly chronic patients focused on the importance of a shared life story between an elderly patient and the chaplain and discussed issues connected with values, religiosity, and attitudes toward approaching death (Gothóni, 1987). A health care chaplain, Kalervo Nissilä, conducted two further studies, the first focused on immortality of the dying (Nissilä, 1992) and the second on a suicidal person's understanding of his/her own dying (Nissilä, 1995), both of which were based on interview data of hospitalized patients.

Some studies focused on the congregational context but also contributed to the hospital setting. Among these was a study on grief group counseling in congregations (Harmanen, 1997), which has been widely read among theologians and thereby influential on healthcare chaplaincy in Finland.

Most of the authors during this early phase were chaplains themselves, and they collected the empirical data from the hospitals in which they worked. The exception was Paavo Kettunen whose dissertation was based on the written training material of healthcare chaplains in the ELCF between 1960 and 1975 (Kettunen, 1990). Even though Kettunen's dissertation was defended in 1990, it contributes to this early period because the focus is on the client-centered model in which the concept of man was defined inductively from the life situation of a person and additionally the study is based on data from these years.

Most of the dissertations around the turn of the century also focused on patients' experiences. Among them was a study on the integrity of life of aged pacemaker patients (Ylikarjula, 1998) and the pastoral expectations of cancer patients (Lankinen, 2001). There was an interesting follow-up study on the Specialized Training Program in pastoral care and counseling (Hakala, 2000). This training was offered to hospital chaplains but also to chaplains working in other specialized ministries. The aim of the study was to examine the changes that occurred during the training in the ways in which trainees practiced pastoral care and how they understood their caregiver identities. The data were collected by interviewing 17 students both before and after the training. The results show that training strengthened pastoral caregiver identity and increased the spiritual aspects of pastoral care. Additionally, the study included recommendations on how to improve the specialized training. These suggested improvements included integration of self-directed study, seminars, and supervision (Hakala, 2000: 357-365). The study findings were later used when planning new chaplaincy training. The same year, another study focused similarly on the chaplain's work identity (Sippo, 2000). This study reveals that chaplains focus on their patients but that their work identity is built on both the healthcare and the congregational contexts. This underlines the argument we have shown elsewhere in this chapter that these two contexts form the workspaces and identity of a chaplain in Finland. Here we have to note that there are two different models of how the leadership of chaplains is organized: the superior is either a vicar or a leading chaplain. The first model focuses more on the parish context while the second model is located in the healthcare world.

During the past ten years, pastoral theological research has focused on spirituality and health. Among these is a study on the significance of the loss of a child for the formation and development of parents' spirituality (Koskela, 2011). Even though this study does not focus on the clinical setting or on the role of chaplains in the parents' narratives, it does contribute to the wider discussion on spirituality and health. A quite similar study on parents' narratives of grieving and recovery processes after the death of a child reveals that chaplains were more prepared to face the

grieving parents than the parish pastors were (Itkonen, 2018). This is an important finding because currently there seems to be pressure not to continue with chaplains but that parish pastors should take care of the hospitals in the area instead.

The two most recent studies have focused on patients' experiences with spirituality and health. The first one dealt with young cancer patients and analyzed their coping narratives (Saarelainen, 2017). This study found that most of the emerging adults interviewed would have benefited from additional psychological and spiritual support. Most of the interviewees had not met healthcare chaplains during their cancer process even though they experienced strong existential questions and spiritual seeking. A second recent study focused on the purpose of life of ALS patients (Virtaniemi, 2018), which revealed that the existential process of an ALS patient consists of two separate but connected processes. The first one deals with the ultimate concerns in life while the other addresses the issues of meaningfulness and meaninglessness in life. Both of these studies deal with an important issue of chaplaincy, the discussion on the meaning and purpose of life when facing death.

All these recent dissertations have contributed to the understanding of Finnish spirituality during loss and illness in which Lutheran traditions combine with everyday spirituality and the search for meaning in life. The researchers during this phase have a variety of backgrounds from emeritus pastoral care trainer Matti-Pekka Virtaniemi to the first non-Lutheran researcher Harri Koskela. It is interesting that none of them worked as a chaplain during the research and they thus did not collect the data while working in a hospital themselves.

Various course books focusing more widely on pastoral care and counseling have been used during the theological training and have thus influenced future chaplains as well. The Handbook of Pastoral Care and Counseling gave a good overview of the background and practice of pastoral care and counseling in Finland (Aalto, Esko & Virtaniemi, 1998). Another handbook on hospice care was written during this same time period and gave a multidisciplinary overview of the new approaches to palliative care (Aalto, 2000). Two course books dealt with the theology of care (Latvus & Elenius, 2007) and on pastoral care and counseling (Kiiski, 2009), both of them giving an analysis of various approaches to pastoral care and counseling in Finland based on the analysis and structure by Norwegian Tor Johan Grevbo (2006). Grevbo has been widely read and discussed in the early part of this century by Finnish chaplains and has influenced both the practice of and research on chaplaincy in Finland. A bit later, a two-book series on the caring encounter was

written in which the first volume focused on the history and theology of pastoral care and counseling (Kettunen, 2013) and the second volume on methods and practice (Gothóni, 2014).

Challenges of the Future in Chaplaincy and Research

In this article we have presented an overview of hospital chaplaincy in Finland. We have shown how the Finnish context played a significant role in the formation of the chaplaincy and its theology over the years. Still today, the context for hospital chaplaincy exists within the contexts of healthcare and the ELCF. Even though the impact of the ELCF is and has been strong, the CPE tradition has provided for chaplains to be trained to answer the needs of all the people. With 2020 right around the corner, we see two great challenges for hospital chaplaincy in Finland: the lack of research and the risk of cutbacks in the number of chaplains. In this last part of the chapter, we will discuss these challenges in more detail.

The early focus of chaplaincy research in Finland was on the chaplains themselves, which led to a focus on patients as well. There seems, however, to be a significant gap in knowledge that includes the whole process of death and dying, comprising attitudes towards euthanasia and modes of disposal as well as the importance of religious rituals and taboos among religious minorities in Finland. Attitudes towards death and dying influence practices of burial and values regarding good death. Cremation is becoming a common practice in Finland and attitudes toward euthanasia are becoming generally more positive, both of which are viewed negatively by most of the religious minorities (Jylhäkangas et al., 2014). This has not been much noted in public discussion or scholarly works.

Furthermore, due to the limited previous research, we know little about how people with minority identities experience death and dying. What challenges and resources do culture and religion bring to their lives and how does, for example, being embedded in transcultural relationships impact the meaning of the relations during this phase of life? However, studies indicating relations between health, wellbeing, and religion as well as correlations between the experience of meaning and wellbeing have mainly been conducted with a quantitative approach (la Cour & Hvidt, 2010) and have often focused on the majority populations in their respective countries. There are few exceptions dealing with minorities (Ahmadi, 2006; Boelsbjerg et al., 2015; Venhorst, 2013a; 2013b) or on interfaith approaches (Bueckert & Schipani, 2011; Ganzevoort et al., 2014). None of these have studied the Finnish context.

Another gap in knowledge is how the needs of sexual minorities are taken into account in healthcare. Some studies have taken place regarding the attitudes of care personnel toward sexual minorities (Hentilä et al., 2012; Mäntylä & Tuokkola, 2013) but these were not PhD studies and did not deal with healthcare chaplains. They did, however, reveal that sexual minorities had negative experiences from healthcare because of the care personnel's old-fashioned attitudes. The focus of recent theological research has been on same-sex marriage, not on sexual minorities in healthcare. The most recent theological study shows that more than half of the ELFC ministers would perform a Lutheran wedding service for same-sex couples if this were allowed by the bishops (Kallatsa & Kiiski, 2019). The experiences of same-sex couples on prayer rituals for their partnership have additionally been studied (Hellqvist & Vähäkangas, 2018; Vähäkangas, 2019). These studies do not deal with how the LGBT people experience chaplains nor how the chaplains are prepared to serve their LGBT clients.

It took decades for the Finnish healthcare chaplaincy to grow and develop as a tangible and respected part of the healthcare system. Harsh tones and lack of congregational understanding have been evident during the past decades. When looking to the future, relief cannot be guaranteed: the number of hospital chaplains is decreasing, and more cutbacks are expected. The church policy seems short-sighted when the chaplaincy personnel are let go even though the need and value of the chaplaincy is well known at the hospitals. Even with the current number of healthcare chaplains, it is impossible to meet all the needs of the chaplain services. (Karhu, 2019; Sipola, 2019.) It seems that when 2020 is reached, hospital chaplaincy in Finland will have to testify to its importance once again.

This chapter has analyzed the history, theological basis, and current situation of healthcare chaplaincy in Finland. We have seen that chaplaincy has changed from the liturgy-focused parish model to a client-centered therapeutic model. In the most recent years, there seems to be a trend to appreciate religious or spiritual rituals but no longer only those that follow the Lutheran traditions. Personalization of rituals together with the previously discussed multicultural and other minority issues seems to be a channel for renewal of chaplaincy in Finland.

Literature

Aalto, K., Latsa, M. & Tuominen, J. (2001). *Toimintakertomus 2001*. Helsinki: Kirkkohallitus.
Avohoito. (2019). <http://sakasti.evl.fi/sakasti.nsf/sp2?open&cid=Content32EDEB>

- Bozarth, J. (2012). "Nondirectivity" in the theory of Carl R. Rogers: An unprecedented premise. *Person-Centered & Experiential Psychotherapies*, 11(4), pp. 262–276.
- Church Law, Chapter 2. §2. <https://www.finlex.fi/fi/laki/ajantasa/1993/19931054#O1L2P2>
- Constitutional Law, Chapter 6. §76–77.
<https://www.finlex.fi/fi/laki/ajantasa/1999/19990731#L6P76>
- Ebeling, G. (1997). *Luthers Seelsorge: Theologie in der Vielfalt der Lebenssituationen an seinen Briefen dargestellt*. Tübingen: Mohr.
- Erikson, K. (1992) Hoitoteologia [Theology of care], *Sielunhoidon Aikakauskirja*, vol. 5, 103–114
- Gothóni, R. Pitkääikaissairaan vanhuksen maailma ja uskonnollisuus. [The world and religiosity of elderly chronic patients]. Helsinki: STKS.
- Grevbo, T.J. (2006) Sjelesorgens vei. En veiviser I det sjelesorgeriske landskap – historisk og aktuelt. Oslo: Luther Forlag.
- Harmanen, E. Sielunhoito sururyhmässä [Pastoral care in grief group]. Helsinki: STKS.
- Heino, H. (2002). *Mihin Suomi tänään uskoo* [What Does Finland Believe in Today?], Porvoo: WSOY.
- Hellqvist, E. & A. Vähäkangas. (2018) "Experiences of (Mis)recognition of Same-Sex Partnerships in the Evangelical Lutheran Church of Finland". *Exchange Vol. 47*, No. 3, 258-281.
- Henkilöstötilasto. (2019). <https://www.kirkontilastot.fi/viz?id=101>
- Hentilä, J., J. Nissinen, O. Stållström, L. Tuovinen (2012). Saanko olla totta? : sukupuolen ja seksuaalisuuden moninaisuus. . [Can I be true? The multiplicity of gender and sexuality]. Gaudeamus: Helsinki.
- Info Finland. (2019). Cultures and religions in Finland. <https://www.infofinland.fi/en/information-about-finland/basic-information-about-finland/cultures-and-religions-in-finland>
- Itkonen, J. (2018). Kun vauvaonni vaihtuu kuoleman suruun: Narratiivinen tutkimus kohtukuolemasta, lapsen kuoleman aiheuttamasta surusta ja selviytymisprosessista sekä kirkon tuesta. Diss. Helsingin yliopisto.
- Kallatsa, L. & J. Kiiski. (2019) Vihkiäkö vai ei? Suomen evankelis-luterilaisen kirkon pappien käsitykset samaa sukupuolta olevien oikeudesta kirkolliseen avioliittoon. [To marry, or not to marry? The Notions of Priests' of the Evangelical Lutheran Church of Finland Regarding Same-Sex Church Weddings]

- Kansanaho, E. (1960). Sielunhoito ennen ja nyt. [Pastoral care before and now]. *Teologinen Aikakauskirja*, 112–125.
- Karhu, E. (2019). Sairaalapappien virkoja vähennetään – Tilanne on erityisen kriittinen psykiatrisella puolella [The number of healthcare chaplains are cut down – The most critical situation is in psychiatric wards]
https://www.kotimaa24.fi/artikkeli/sairaalapappien-virkoja-vahennetaan-tilanne-on-erityisen-kriittinen-psykiatrisella-puolella/?fbclid=IwAR2Pa5J4Er1xlx6UqFKU29FXGwkHmuaFPftYEa905FkjgH6o1NzRjJ_lcas
- Ketola, K. (2016). Luterilainen usko nykyajan Suomessa [Lutheran faith in present Finland]. K. Ketola, M. Hyvönen, V.-M. Salminen, J. Sohlberg, & L. Sorsa (eds.) *Osallistuva luterilaisuus. Suomen evankelis-luterilainen kirkko vuosina 2012–2015: Tutkimus kirkosta ja suomalaisista*. [Participating Luthrenism. The Evangelical-Lutheran Church of Finland in 2012–2015: A study from the church and Finns]. Kirkon tutkimuskeskus. Kuopio: Grano Oy, 6–46.
- Kettunen, P. (1990). *Ihmisolemuksen ongelma ja olemassaolon vaikeus*. [The dilemma of the essence and existence of man] Helsinki: STKS.
- Kilpeläinen, I. (1966). *Psykoottisten sielunhoito. Pastoraalitutkielma*. [Pastoral care of the psychotic. Pastoral thesis]. Sairaalasielunhoidon keskus.
- Kilpeläinen, I. (1969) *Osammeko kuunnella ja auttaa? Lähimmäiskeskeisen sielunhoitomenetelmän opas*. [Can we listen and help? A handbook on client centred pastoral counselling method]. WSOY.
- Kilpeläinen, I. (1978). *Samalle Portille; Miten ihminen kokee lähestyvän poismenonsa?* [Towards to a same gate; How a person finds his/her approaching death]. WSOY.
- Kruus, L. (1983). *Potilaan ja teologin keskustelu sairaalassa*. [The discussion between patient and theologian in a hospital]. Helsinki: STKS.
- Lempiäinen, P. (1963). *Rippikäytäntö Suomen kirkossa uskonpuhdistuksesta 1600-luvun loppuun*. [Confession in the Finnish Church from the Reformation until the end of 17th Century]. Helsinki: Suomen kirkkohistoriallinen seura.
- Mannermaa, T. (1997). *Sielunhoidon tulkinta ja paikka kirkossa*. [The interpretation and place of pastoral care within the church]. Sielunhoidon käsikirja. Eds. K. Aalto & M. Esko & M.-P. Virtaniemi. Helsinki: Kirjapaja, 14–28.
- Ministry of Education and Culture. (2019). Freedom of religion. <https://minedu.fi/uskonnonliset-yhdyskunnat>

- Mäntylä, S. & Tuokkola, T. (2013). Seksuaalivähemmistöjen kohtaaminen terveydenhuollossa. [Encounter of sexual minorities in health care]. Opinnäytetyö. Seinäjoen ammattikorkeakoulu. <http://urn.fi/URN:NBN:fi:amk-2013060112308>
- Nissilä, K. (1992). *Kuolevan kuolemattomuus*. [The Immortality of the Dying]. Helsinki: STKS.
- Nissilä, K. (1995). *Itsetuhoisen ihmisen käsitys omasta kuolemastaan*. [Suicidal person's understanding of his/her own dying]. Helsinki: STKS.
- Norrby, C. (1882). *Läran om den kyrkliga själavården: Med särskilt afseende på förhållandena inom svenska kyrkan*. [Teaching of the ecclesiastical pastoral care: With a special view on the state within the Swedish Church]. Lund: C. W. K. Gleerup.
- Palmu, H., Salomäki, H., Ketola, K., Niemelä, K. (2012). *Haastettu kirkko. Suomen evankelisluterilainen kirkko vuosina 2008–2011*, [Challenged Church. The Evangelical Lutheran Church of Finland in the years 2008–2011], Porvoo: Kirjapaja.
- Peltomäki, I. (2019). Paternalismista terapeutiseen kohtaamiseen - Irja Kilpeläisen sielunhoitokäsitys ja sen merkitys suomalaisessa luterilaisuudessa. [From paternalism to therapeutic encounter – Irja Kilpeläinen's pastoral care and its significance in Finnish Lutheranism]. *Teologinen Aikakauskirja*, 1/2019, 18–32.
- Quality of care. (2015). Quality of care in Finland among the best in OECD countries. https://stm.fi/en/article/-/asset_publisher/suomen-terveydenhuollon-laatu-on-oecd-maiden-parhaimpia
- Rippikoulu ja Rippikoulun käyneet. (2018). <http://sakasti.evl.fi/sakasti.nsf/sp?open&cid=Content3F24FC>.
- Saarelainen, S.-M. (2017). *Meaningful Life with(out) Cancer: Coping Narratives of Emerging Finnish Adults*. Diss. University of Helsinki.
- Saari, R. (2003). Sielunhoidon teologianhistoriaa. [About the theological history of pastoral care]. *Teologinen Aikakauskirja*, 401–421.
- Sainio, A. (1989). Sielunhoidollisen kontaktin luonteesta ja tehtävästä sairaalassa. [The nature and task of pastoral counselling in hospital], *Sielunhoidon Aikakauskirja*, 131–158.
- Sipola, V. (2019). Asiakas keskiössä. [The client in the center of attention]. *Crux. Kirkon Akateemiset* Aki R.Y., 27.
- Sielunhoidon Aikakauskirja. (2018). <https://sielunhoidonaikakauskirja.fi/sielunhoidon-aikakauskirjat-2018/>
- Seppälä, O. (2019). Suomen ortodoksisen kirkon jäsenmäärä laski 17 vuoden takaisiin lukuihin, jäseniä nyt alle 60 000. [The number of members decreased to same as it was 17 years ago, less than 60 000 members remaining] *Kotimaa*24.

- <https://www.kotimaa24.fi/artikkeli/suomen-ortodoksisen-kirkon-jasenmaara-laski-17-vuoden-takaisiin-lukuihin-jasenia-nyt-alle-60-000/>
- Sippo, M. (2004). *Kävitte katsomassa. Helsingin sairaalasielunhoito 1925–2000*. [You visited. Healthcare chaplaincy in Helsinki 1925–2000]. Helsinki: Hakapaino Oy.
- Sohlberg, J & Ketola, K. (2016). Uskonnolliset yhteisöt Suomessa [Religious communities in Finland]. K. Ketola, M. Hyvönen, V.-M. Salminen, J. Sohlberg, & L. Sorsa (eds.) *Osallistuva luterilaisuus. Suomen evankelis-luterilainen kirkko vuosina 2012-2015: Tutkimus kirkosta ja suomalaisista*. [Participating Luthrenism. The Evangelical-Lutheran Church of Finland in 2012–2015: A study from the church and Finns]. Kirkon tutkimuskeskus. Kuopio: Grano Oy, 47–85.
- Statistics. (2018). Sairaalasielunhoidon toimintatilasto 2018 <https://www.kirkontilastot.fi/viz?id=105>
- Stollberg, D. (1969). *Therapeutische Seelsorge: Die amerikanische Seelsorgebewegung*. [Therapeutic pastoral care: The American pastoral care movement]. München: Chr. Kaiser.
- Toimintatilastot. (2019). <https://www.kirkontilastot.fi/viz?id=88>
- Training. (2019). <https://evl.fi/documents/1327140/38206979/Sairaalasielunhoidon+erityiskoulutus/6680402e-15c2-76ba-874f-2eaf0dbe0153>
- Virtaniemi, M-P. (2018). *Elämän tarkoitus ja vakava sairaus. ALS-tautiin sairastuneen eksistentiaalinen prosessi*. [Purpose of life and chronic illness. The existential process of ALS patients]. Tampere: Kirkon tutkimuskeskus.
- Vähäkangas, A. (2019) Conformity and resistance in personalized same-sex prayer rituals in Finland, *Theology & Sexuality*. <https://doi.org/10.1080/13558358.2019.1594009>
- Yle. (2018). Study: Finland's health care system among best in the world. https://yle.fi/uutiset/osasto/news/study_finlands_health_care_system_among_best_in_the_world/10276968
- Yle. (2019). Sote kaatui ja hallitus erosi – Yle seurasi dramaattisen päivän hetki hetkeltä, tässä herkkupalat [The healthcare reform fell and parliament resigned – Yle followed the dramatic day]. <https://yle.fi/uutiset/3-10679132>
- Ylikarjula, S. (2005). Kirkon sairaalasielunhoidon neljä vuosikymmentä [Four decades of the church in a hospital]. In K. Aalto, A.-L. Tiihonen, M.P. Virtaniemi & S. Ylikarjula (eds.) *Kirkko Sairaalassa* [the church in a hospital], *Sielunhoidon Aikakauskirja*. Helsinki: Hakapaino Oy, 11–159.